

United States Bankruptcy Court
Western District of New York

In re:
Jamien L. Gaddis
Debtor

Case No. 19-11649-PRW
Chapter 13

District/off: 0209-1
Date Rcvd: Apr 06, 2021

User: admin
Form ID: pdfattch

Page 1 of 2
Total Noticed: 3

The following symbols are used throughout this certificate:

Symbol Definition

- + Addresses marked '+' were corrected by inserting the ZIP, adding the last four digits to complete the zip +4, or replacing an incorrect ZIP. USPS regulations require that automation-compatible mail display the correct ZIP.

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Apr 08, 2021:

Recip ID	Recipient Name and Address
db	+ Jamien L. Gaddis, 10 wayne Terrace, Unit 21, Buffalo, NY 14225-1062
	+ Shadi Ghaith Inc., 2 Blue Slip Unit 25C, Brooklyn, NY 11222-7390

TOTAL: 2

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

Electronic transmission includes sending notices via email (Email/text and Email/PDF), and electronic data interchange (EDI). Electronic transmission is in Eastern Standard Time.

Recip ID	Notice Type: Email Address	Date/Time	Recipient Name and Address
smg	+ Email/Text: ustpregion02.bu.ecf@usdoj.gov	Apr 06 2021 18:26:00	Office of the U.S. Trustee, 300 Pearl Street, Suite 401, Olympic Towers, Buffalo, NY 14202-2523

TOTAL: 1

BYPASSED RECIPIENTS

The following addresses were not sent this bankruptcy notice due to an undeliverable address, *duplicate of an address listed above, *P duplicate of a preferred address, or ## out of date forwarding orders with USPS.

NONE

NOTICE CERTIFICATION

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed .R. Bank. P.2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Apr 08, 2021

Signature: /s/Joseph Speetjens

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on April 6, 2021 at the address(es) listed below:

Name	Email Address
Aleksandra Krasimirov Fugate	on behalf of Notice of Appearance Creditor M&T Bank afugate@woodsoviatt.com bkinbox@woodsdefaultservices.com
Brittany J. Maxon	on behalf of Notice of Appearance Creditor M&T Bank bmaxon@woodsdefaultservices.com bkinbox@woodsoviatt.com
Catherine N. Eisenhut	on behalf of Creditor Synder Court Condominium Board of Managers ceisenhut@phillipslytle.com
Julie Philippi	

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ecfbuffalo13@gmail.com jphilippi13@ecf.epiqsystems.com

Paul S. Walier
on behalf of Debtor Jamien L. Gaddis walierpattorney@verizon.net

TOTAL: 5

- 1 The Claimant is the party entitled to the unclaimed funds.
- 2 The Applicant is the party filing the application. The Applicant and Claimant may be the same.
- 3 The Owner of Record is the original payee.

1. Claim Information <p>Note: If there are joint Claimants, complete the fields below for both Claimants.</p> <p>For the benefit of the Claimant(s), named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.</p>											
2. Applicant Information <table border="1"> <tr> <td>Claimant's Name:</td> <td>SHADI GHATH INC as assignee Jamien L. Gaddis</td> </tr> <tr> <td>Amount:</td> <td>\$2,746.67</td> </tr> <tr> <td colspan="2">Note: If there are joint Claimants, complete the fields below for both Claimants.</td> </tr> <tr> <td colspan="2">For the benefit of the Claimant(s), named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.</td> </tr> </table>		Claimant's Name:	SHADI GHATH INC as assignee Jamien L. Gaddis	Amount:	\$2,746.67	Note: If there are joint Claimants, complete the fields below for both Claimants.		For the benefit of the Claimant(s), named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.			
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3. Supporting Documentation <table border="1"> <tr> <td>Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Applicant is the Claimant and is entitled to the unclaimed funds appearing on the records of the court.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Applicant is a representative of the deceased Claimant's estate.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.	<input checked="" type="checkbox"/>	Applicant is the Claimant and is entitled to the unclaimed funds appearing on the records of the court.	<input type="checkbox"/>	Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).	<input type="checkbox"/>	Applicant is a representative of the deceased Claimant's estate.	<input type="checkbox"/>	Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.	<input checked="" type="checkbox"/>
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APPPLICATION FOR PAYMENT OF UNCLAIMED FUNDS <p>Form 1340 (12/19)</p>																
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<p style="text-align: right;">X</p> <p>4. Notice to United States Attorney to 28 U.S.C. § 2042, at the following address:</p> <p>Office of the Western District of New York 138 Delaware Avenue Buffalo New York 14202</p> <p>Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:</p>	
<p>5. Applicant Declaration (if applicable)</p> <p>Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.</p> <p>Date: <u>03/28/21</u></p> <p>Signature of Co-Applicant (if applicable)</p> <p>Printed Name of Co-Applicant (if applicable)</p> <p>Address:</p> <p>Telephone:</p> <p>Email:</p> <p>Telephone: (347)-768-1752</p> <p>6. Notarization</p> <p>STATE OF <u>NEW YORK</u> COUNTY OF <u>BROOKLYN</u></p> <p>This Application for Unclaimed Funds, dated <u>03/28/21</u>, was subscribed and sworn to before me this <u>03</u> day of <u>March</u>, 20<u>21</u> by <u>Viralbeastmedia@gmail.com</u> who signed above and is personally known to me (or whose signature, WITNESS my hand and official seal is subscribed to the within instrument). WITNESS my hand and official seal provided to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, WITNESS my hand and official seal.</p> <p>My commission expires:</p> <p>(SEAL) Notary Public _____ NOTARY PUBLIC, STATE OF NEW YORK Reg. No. NO-KO-180349</p> <p>CONSTANTINOS KOMINOS</p> <p>NOTARY PUBLIC, STATE OF NEW YORK Reg. No. NO-KO-180349</p>	